

State of Kansas

Joan Finney



Governor

Department of Health and Environment

Robert C. Harder, Secretary

December 6, 1994

Mr. Jim Johnson
Quality Engineer
Sabreliner Independence
P.O. Box 946
Independence, KS 67301

Re: Hazardous Waste Compliance Inspection of September 28, 1994
EPA Identification Number: KSD981712854

Dear Mr. Johnson:

On November 7, 1994, I conducted a follow-up inspection of your facility to review the actions you have taken to correct the deficiencies noted during the above referenced inspection. Based on my follow-up inspection and your letter of October 19, 1994, deficiencies numbered 1, 2, 4, 5, 6, 7, 8, 11, and 13 have been satisfactorily corrected.

The following deficiencies remain outstanding;

- per R13 does not apply*
3. An exception report was not filed for manifest No. 00016 in violation of KAR 28-31-4 (f, 4, B).
 9. Sabreliner did not have a hazardous waste training program in violation of KAR 28-31-4 (g, 4).
 10. Job title, job description, type and amount of training required for employees working with hazardous waste was not documented in violation of KAR 28-31-4 (d, 1-3).
 12. The Contingency Plan needs to be updated to reflect the present owner of your facility and the current emergency coordinators KAR 28-31-4 (g, 4).
- per R13 (does not apply)*

These deficiencies must be corrected as required by December 20, 1994. Please notify this office in writing when they are corrected and identify the corrective action taken for each deficiency noted.



R00157218
RCRA RECORDS CENTER

Mr. Jim Johnson
December 6, 1994
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Your cooperation with the hazardous waste program is appreciated. If you have any questions please feel free to call me at 316/431-2390.

Sincerely,

A handwritten signature in cursive script that reads "Danell Gooch". The signature is written in dark ink and is positioned above the printed name and title.

Danell Gooch
Environmental Technician
Bureau of District Operations

DG:ps

pc: Ron Smith, BWM
John Mitchell, BWM
SED File



Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
A

HANDLER

ID Number: KSD981712854 LDF () TSF () GEN (X) KG () SQ () TRA ()
HWM () HWB () UOM () UOB () NOT A GEN ()

Handler Name: Sabreliner Independence

AT MTA CL MTA
FT 4-5-95 RCRIS 4-19-95

Street: #1 Freedom Drive City: Independence County: Montgomery

EVALUATION New ☐ Followup: Date (on site) 11 07 94 Date (of letter) 12 06 94 Delete ☐

Date 94 09 28 Agency S Type CSE Reason 01 Person DMG District SE

Areas of Evaluation (EV - Evaluted, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other					
GER	<input type="checkbox"/>	GPT	<u>EV</u>	TGR	<input type="checkbox"/>	DCH	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DPP	<input type="checkbox"/>	BRR	<input type="checkbox"/>
GGR	<u>EV</u>	GRR	<input type="checkbox"/>	TMR	<input type="checkbox"/>	DCL	<input type="checkbox"/>	DIN	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DSI	<input type="checkbox"/>
GLB	<u>EV</u>	GSC	<input type="checkbox"/>	TOR	<input type="checkbox"/>	DCP	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DTR	<input type="checkbox"/>
GMR	<u>EV</u>	GSQ	<input type="checkbox"/>	TRR	<input type="checkbox"/>	DFR	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DOT	<input type="checkbox"/>	DTT	<input type="checkbox"/>
GOR	<input type="checkbox"/>			TWD	<input type="checkbox"/>	DGS	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DPB	<input type="checkbox"/>	DWP	<input type="checkbox"/>

Used Oil UOM ☐ UOB ☐ UTM ☐ SUM ☐ SUB ☐

COMMENTS

VIOLATION # 1 Date Determined 09 28 94
New ☐ Change ☒ Delete ☐ Comments ☐
Agency S Number 4 Area GGR Class 2 Priority ☐ Type SR
Regulation Citation: KAR 28-31-4 (G,1)
Description: notification Returned to Compliance
needs to be updated
Scheduled: 10 28 94
Actual: 10 26 94

VIOLATION # 2 Date Determined 09 28 94
New ☐ Change ☒ Delete ☐ Comments ☐
Agency S Number 5 Area GMR Class 1 Priority ☐ Type SR
Regulation Citation: KAR 28-31-4 (F,1,A)
Description: manifest #00016 Returned to Compliance
does not have
TSD signature
Scheduled: 10 28 94
Actual: 10 26 94

VIOLATION # 3 Date Determined 12 20 94
New ☐ Change ☒ Delete ☐ Comments ☐
Agency S Number 7 Area GLB Class 1 Priority ☐ Type FR
Regulation Citation: KAR 28-31-4 (F,4,B)
Description: exception Returned to Compliance
report not filed
for manifest #00016
Scheduled: 12 20 94
Actual: ☐ ☐ ☐

VIOLATION # 4 Date Determined 09 28 94
New ☐ Change ☒ Delete ☐ Comments ☐
Agency S Number 7 Area GLB Class 1 Priority ☐ Type FR
Regulation Citation: 40 CFR 286.7
Description: no LB forms Returned to Compliance
for manifest #00013
00014, 00015, 00017, 00024,
00026
Scheduled: 10 28 94
Actual: 10 26 94

Facility Name:

Sabreliner Independence

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM B

ID Number: KSD981712854

Handler Name: Sabreliner Independence

VIOLATION # 5 **Date Determined** 09 28 94

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number 8 Area GPT Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (K)

Description: inspections of hazardous waste area are not conducted weekly

Returned to Compliance

Scheduled: 10 28 94

Actual: 10 26 94

VIOLATION # 6 **Date Determined** 09 28 94

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number 9 Area GPT Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (K)

Description: full name of inspector + time not documented on weekly insp.

Returned to Compliance

Scheduled: 10 28 94

Actual: 10 26 94

VIOLATION # 7 **Date Determined** 09 28 94

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number 10 Area GPT Class 1 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (J)

Description: 2 satellite drums not closed - 1 closed when I was there

Returned to Compliance

Scheduled: 10 28 94

Actual: 10 26 94

VIOLATION # 8 **Date Determined** 09 28 94

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number 11 Area GPT Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (g, 4)

Description: emergency coord. name + telephone, fire dept phone #, no fire equip not tested next to a phone

Returned to Compliance

Scheduled: 10 28 94

Actual: 10 26 94

VIOLATION # 9 **Date Determined** 12 06 94

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number 12 Area GPT Class 1 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (g, 4)

Description: training has not been conducted on employees

Returned to Compliance

Scheduled: 12 20 94

Actual: ☐ ☐ ☐

VIOLATION # 10 **Date Determined** 12 06 94

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number 13 Area GPT Class 2 Priority ☐ Type FR

Regulation Citation: 40 CFR 265.16 (d, 1-3)

Description: job title, description, type + amount of training not documented

Returned to Compliance

Scheduled: 12 20 94

Actual: ☐ ☐ ☐

ENFORCEMENT

New ☐ Change ☒ Delete ☐

Date 94 12 01

Number ☐ ☐ ☐ ☐

Agency S

Type 120

District SE

Person DMG

COVERED VIOLATIONS

Agency	Violation Number	Area
<u>S</u>	<u>3</u>	<u>GMR</u>
<u>S</u>	<u>9</u>	<u>GPT</u>
<u>S</u>	<u>10</u>	<u>GPT</u>
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>

pmg

Agency	Violation Number	Area
<u>S</u>	<u>12</u>	<u>GPT</u>
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>

Agency	Violation Number	Area
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>S</u>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

RCRA Records Center



Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
C

ID Number: KSD981712854

Handler Name: Sabreliner Independence

VIOLATION # 11 Date Determined 12 06 94
 New ☐ Change ☒ Delete ☐ Comments 09 28 94
 Agency Number Area Class Priority Type
S 14 GPT 2 FR
 Regulation Citation: 40 CFR 265.16 (d, 4)
 Description: no records at hazardous waste training Returned to Compliance
 Scheduled: 12 20 94 Actual: 12 06 94

VIOLATION # 12 Date Determined 12 06 94
 New ☐ Change ☒ Delete ☐ Comments 09 28 94
 Agency Number Area Class Priority Type
S 18 GPT 2 SR
 Regulation Citation: KAR 28-31-4 (g, 4)
 Description: Contingency plan needs to be updated Returned to Compliance
 Scheduled: 12 20 94 Actual: 12 06 94

Deleted 4-19-95
 VIOLATION # 13 Date Determined 09 28 94
 New ☐ Change ☒ Delete ☐ Comments PLS
 Agency Number Area Class Priority Type
S 14 GPT 2 SR
 Regulation Citation: KAR 28-31-4 (J)
 Description: Container below testing (closed loop system) needs to be marked HW Returned to Compliance
 Scheduled: 10 28 94 Actual: 10 27 94

VIOLATION # _____ Date Determined _____
 New ☐ Change ☐ Delete ☐ Comments _____
 Agency Number Area Class Priority Type
S _____
 Regulation Citation: _____
 Description: _____ Returned to Compliance
 Scheduled: _____ Actual: _____

VIOLATION # _____ Date Determined _____
 New ☐ Change ☐ Delete ☐ Comments _____
 Agency Number Area Class Priority Type
S _____
 Regulation Citation: _____
 Description: _____ Returned to Compliance
 Scheduled: _____ Actual: _____

VIOLATION # _____ Date Determined _____
 New ☐ Change ☐ Delete ☐ Comments _____
 Agency Number Area Class Priority Type
S _____
 Regulation Citation: _____
 Description: _____ Returned to Compliance
 Scheduled: _____ Actual: _____

VIOLATION # _____ Date Determined _____
 New ☐ Change ☐ Delete ☐ Comments _____
 Agency Number Area Class Priority Type
S _____
 Regulation Citation: _____
 Description: _____ Returned to Compliance
 Scheduled: _____ Actual: _____

VIOLATION # _____ Date Determined _____
 New ☐ Change ☐ Delete ☐ Comments _____
 Agency Number Area Class Priority Type
S _____
 Regulation Citation: _____
 Description: _____ Returned to Compliance
 Scheduled: _____ Actual: _____